

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 1 7

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

4/1/02

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

SSA Sec.1905(p)(2)(A)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 0

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supp. 1 to Att. 2.6-A, page 6 (02-17)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supp. 1 to Att. 2.6-A, page 6 (92-07)

*Vermont (02-017)*  
*approved: 12/12/02*  
*effective: 4/1/02*

10. SUBJECT OF AMENDMENT:

Update income eligibility levels for Qualified Medicare Beneficiaries (QMB)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL*Secretary of Administration*  
☒ OTHER, AS SPECIFIED: *for Governor*  
*Kathleen C. Hoyt*

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

M. Jane Kitchel

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

9/30/02

16. RETURN TO:

Roxanne Doty  
VT Dept. of PATH  
103 South Main Street  
Waterbury, VT 05671-1201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 30, 2002

18. DATE APPROVED:

December 12, 2002

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Regional Administrator, DMCH

23. REMARKS:

The effective date was changed from July 1, 2002 to April 1, 2002, per agreement  
with Marybeth McCaffrey.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: Vermont

**C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO  
FEDERAL POVERTY LEVEL**

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

**1. NON-SECTION 1902(f) STATES**

**a. Based on the following percent of the official Federal income poverty level:**

Eff. Jan. 1, 1989: ☐ 85 percent ☐ \_\_\_\_\_ percent (no more than 100)

Eff. Jan. 1, 1989: ☐ 85 percent ☐ \_\_\_\_\_ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1 1992: 100 percent

**b. Poverty Levels:**

<u>Family Size</u>	<u>Income Levels</u>
<u>1</u>	\$ <u>739</u>
<u>2</u>	\$ <u>995</u>

TN No. 02-17  
Supersedes  
TN No. 92-7

Approval Date 12/12/02 Effective Date 4/1/02

HCFA ID: 7985E